UNIVERSITY	
J GUELPH	
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## Animal Health Laboratory

## POSTMORTEM SUBMISSION FORM

Lab use only

SAMPLES TAKEN Date: ////(yyyy/mm/dd) T SUBMITTED BY OVeterinarian OOwner OOthe Important. Please read. Contact Information must be supplied v subsidized by the Government of Ontario. By submitting sample submitter acknowledges and agrees that AHL may share test res diseases and for the purpose of surveillance of animal or public he	with all samples submitte s for testing to AHL, the sults and contact informa	BILL O Veterinari d for testing to the Anir submitter acknowledge	ian O ( mal Health La ges that s/he	Other ab ("AHL"). Agricultural animal testing carried out through AHL is is the owner or is a duly authorized agent of the owner. The	
		Owner Unique ID (max. 40 characters)			
Clinic					
Address Postal Code		Address			
City Phone		Premises ID Barn Postal Code			
Veterinarian Fax		Phone Email			
Email		Farm	Fax		
Project		Barn/Pen/Floor/Batch	h ID		
***IMPORTANT DEMOGRAPHI		N ***	Commo	odity (check):	
Animal ID	Herd Size		Ruminar	nt □ meat □ dairy □ other	
For additional animals ;	No. at risk		Swine	□ sow □ nursery/weaner □ finisher	
please add extra page or send Excel spreadsheet to ahlinfo@uoguelph.				□ boar □ other	
Species Breed	No. sick No. dead			☐ broiler	
Age d 🗆 w 🗆 m 🗔 y	Weight kg		Turkey	 □ breeder □ meat □ exhibition □ small farm	
Sex 🗆 F 🗆 M 🗆 N	Duration of problem daysweeks	years			
Animals submitted #live: #dead:	#fetus:	□ Plac	enta □	Other specimens	
Date/time of death		Died		or Euthanized/method	
Problem List (below) (e.g. diarrhea, pneumonia, etc.) Resubmission/Quote#:			Resubmission/Quote#:		
1	3				
2	4				
Clinical history (include date of onset of	problems)			Indicate all that apply. Provide details in history.	
				Imported animal       Yes       No         Chemotherapy administered       Yes       No         Systemic/internal radiation       Yes       No         Zoonotic disease suspect       Yes       No         Rabies suspect       Yes       No         Insurance claim       Yes       No	
Summary of recent therapy			Possible litigation*  Yes No ***Additional charges may apply***		
Vaccinations				Disposition of the body following postmortem Aftercare through a licensed cremation (paw print/communal/private) (handling fee applies)	
Management (housing, nutrition, etc.)				No aftercare requested (AHL) (no additional fee) Specific instructions:	
Please contact the lab.       UoG Ani         Email: ahlinfo@uoguelph.ca       419 Gord         Website: http://ahl.uoguelph.       Guelph.         HL CIEL DH: 540 924 4120 cmt 54520 cmt 510 927 0051       Guelph.	uelph Courier Address mai Health Lab-PAHL don Street-Bidg 89 ON N1G 2W1 ecimen Reception	Animal Health Labor Laboratory Services University of Guelph 79 Shearer Street Kemptville, Ontario k	Division	Delivered out of hours Delivered by: Owner Owner Other:	

UNIVERSITY	ANIMAL HEALTH LABORATORY
<b><i>GUELPH</i></b>	POSTMORTEM SUBMISSION FORM
LABORATORY SERVICES	PM

Pathologist (print)						
Date/time postmortem began		Body weight	kg	g		
Animal identification (CCIA #, tag, tag)	attoo, markings,	etc.)				
External findings Body condition Internal findings	hydration	fat stores	muscle mas	SS		
Clinical problems answered at postmortem (list)						
POSTMORTEM DIAGNOSIS Tent	ative □	Final	ortem completed Date/time			
Check all that apply: Enhanced PPE/biosecurity required Respiratory protection Biological safety cabinet Restricted PM suite Other		Pathologist _		DVM		
Photos taken	🗆 Rad	iology charge	CT scan charge			
Legal case charge	🗆 Out	of hours charge	Euthanasia charge			
TESTS REQUESTED						

Bacteriology	Mycoplasma/Molecular Biology	Virology	Hold
Parasitology	Clinical Pathology	Histology	Other/Send Outs
		Toxicology	